

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/508899 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23				1	
24				1	
25				1	
26				1	
27				1	
28				1	
29				1	
30				1	
31				1	
32				1	
33				1	
34				1	
35				1	
36				1	
37				1	
38				1	
39				1	
40				1	
41				1	
42				1	
43				1	
44				1	
45				1	
46				1	
47				1	
48				1	
49				1	
50				1	
TOTAL IND.				3	
TOTAL DEP.				91	
TOTAL CLAIMS				94	

*	D	*	*	*
IND.	DEP.	IND.	DEP.	IND.
51	1			
52				
53				
54	1			
55	1			
56	1			
57	1			
58	1			
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96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				